

# ON PRACTICAL EXPERIENCE OF STERILIZATION IN SWITZERLAND

By PROFESSOR DR. HANS MAIER

*(Director of the Psychiatric Clinic of the University of Zurich)*

IT is an honour and a pleasure for me to report in the land where Francis Galton in 1883 laid the foundation of modern eugenics, the modest findings which we have been able to collect in Switzerland. Out of my field of work arises a special interest in the question of the prevention of psychiatric disorders. In our psychiatric clinic, Burg-hölzli, in Zurich, with 400-500 patients, in which I have worked for twenty-eight years, and have directed during the past six years, the interest of society in the fate of the mentally ill and in the prevention of mental disorders was already particularly keen under the directorship of my predecessors, August Forel (1879-98) and Eugen Bleuler (1898-1927), so that I can report to you experiences reaching back over nearly fifty years. A little country like ours, in which there is a relatively high degree of general education, is particularly suitable for the personal contact between the clinic and the practising physician, and again between these and the courts and various administrative boards, so we have been able to make various practical experiments which could either not have been made in other places, or else with a great deal more difficulty.

I should like to review the entire field of psychiatric experience with sterilization measures, with the exception of castration of sexual delinquents. It is obvious that this is a question not only of purely eugenic concern but also, in many cases, of the individual care of the patient. Both factors are generally present, as for example in the case of a schizophrenic woman in whom each pregnancy aggravated her psychosis and in whose case, therefore, sterilization afforded a therapeutic as well as a prophylactic measure.

If we first consider the possibilities for the prevention of issue in the psychically ab-

normal the following types should be differentiated: there are patients who during periods of convalescence have sufficient insight and strength of will to abstain completely from sexual intercourse, or in whom the psychosis has caused such a degree of autism\* that no danger exists in this direction. It is just in the case of psychically abnormal married and unmarried people that birth control, which among normal people usually suffices to limit issue, often fails, because they do not carry out the precautions properly, or completely forget them at the critical moment. The patients who have to be interned in an institution for a considerable period of time are naturally protected during this time. But, as you know, modern psychiatry believes in making the patient so much better during his stay in the institution that he can be discharged again as soon as possible. Precisely with the greater number of schizophrenics this considerable advance in medicine also relieves the institutions and reduces expenses. The principle of discharging patients as soon as possible, which we have practised with good results for several decades, brings about the fact that many a patient who would formerly have degenerated in the asylum attains a good degree of recovery. The advance in occupational therapy and psychotherapy in institutions, which we supplement by special measures, such as the sleep cure for the schizophrenics, has, however, as regards eugenics, the drawback that the patient, despite his illness, is the sooner in a position to reproduce. The only sure method of hindering this is to prevent conception, or the ejaculation of sperm, either through liga-

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\* A tendency to turn away from the outside world and become completely self-centred.

tion of the tubes or the *vas deferens*, or by means of castration, or X-ray irradiation. Irradiation is, in our experience, not to be relied upon for permanence, and it brings with it the danger that a true differentiation between mere sterilization and the destruction of the gonads, that is castration, is not possible. For this reason we seldom use it, and then only in the case of women upon whom for other reasons an operation cannot be performed. It is our duty as physicians to prevent conception in the way least harmful to the patient, and this is the ligation of the tubes or *vasa deferentia*, which we herein-after call sterilization. Castration, on the other hand, is a mutilation, which so far as we are concerned comes only into consideration in infrequent cases of male sexual delinquents, where the primary object is to eliminate the physical portion of the libido.

According to our experience no general rule can be formulated as to which particular psychiatric disease calls for the application of a certain one of the methods here enumerated for the prevention of issue. Especially in psychiatry the important thing in all our methods is not the nature of the disease in question, but its course (which varies from individual to individual), and the external circumstances, and above all the individual disposition (that is, the unaffected portion of the personality); it is, therefore, the first principle in this field to judge each case on its own merits and vary our procedure accordingly.

We must now examine if and how we have the right as physicians to carry out such operations. The law varies in different countries, and I can only give you here a picture of our conditions. Law is also, however, subject to development and change and, therefore, the experience and concepts of one country can be of value to another. Every injury to a person's bodily integrity is punishable in most countries—and also in ours—as “bodily injury,” except when it is applied by a physician in the healing of disease. When it comes to judging the operation of sterilization it depends what one means by the term healing. When a doctor declares that the necessity for sterilization

exists on account of individual or racial hygiene, our judges have taken the sensible point of view that it is a matter of healing and, therefore, a legal prophylactic measure. Usually sterilization carries an advantage for the patient himself. The law should protect society and, therefore, it is evident that it may not act as a hindrance to racial hygienic prophylaxis. A doctor who, after careful consideration and examination, comes to the conclusion that sterilization is necessary is, therefore, in our country not liable to punishment. As it is always a question of the resulting complications and an irreparable operation we hold the point of view that the surgeon alone should not decide, but that he should professionally consult with a psychiatrist, whose findings are to be given in writing so that they can be verified at any time. One of the difficulties is that generally the operation can only be performed with the patient's consent. In the case of the mentally sick, this consent cannot always be had, and when this is the case it must be decided whether the person in question is, despite his illness, capable of deciding the question. If this is doubtful, we regularly put the facts before the Guardians' Council,\* which, after considering the case, usually gives its approval. When a patient still has some capacity of judgment, it is usually possible to convince him of the necessity of the operation and also to get his consent. If this plan does not succeed, we give up the operation, but in such cases the authorities often use other methods so that the patient finally acquiesces. For example, a woman who, during an attack of schizophrenia, killed her child and was committed to an asylum, may only be discharged from the asylum with the Court's permission. If the danger exists that the woman might kill another child after another pregnancy, the authorities decide that the patient may only be discharged if she is first sterilized. The same procedure is carried out, for example, in the case of a weak-minded girl who, after discharge from the institution, runs the

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\* Not Poor-law Guardians, but those responsible for “minors,” that is “Court of Wards.”

danger of again having illegitimate children. In our experience most cases can, when necessary, be operated upon by these means, even in the absence of special laws regulating sterilization. If two doctors perform the operation and write out their findings, there is no danger of the procedure being abused.

The marriage laws in Switzerland constitute a further aid in this field. The law reads that the mentally sick, and persons incapable of judgment, may not marry, and that marriages which are, nevertheless, contracted between such people are to be annulled. In our country the judge takes the point of view that above all the propagation of the insane should be avoided in the interests of racial hygiene. From this we can see that we also have the right to prevent the illegitimate production of such patients. It even occurs in border-line cases, where it is a question whether a psychic defective may marry or not, that the judge only permits the marriage if one of the two partners be previously sterilized. Naturally, these are only exceptions, for, in principle, the bearing of children should be the corner-stone of marriage.

Just as we prescribe and permit sterilization in cases where it is necessary, so we oppose it wherever it is not indicated. Sometimes the authorities try to force girls, who have had the misfortune to bear one or two illegitimate children, to be sterilized in order that they may not cause further expense through subsequent pregnancies. If no psychic or physical defect is present to justify this we always refuse to comply with these wishes. We take the same point of view with regard to people who desire operative sterilization as a luxury or an easy way out. In this case the doctor is not justified, since no medical reasons exist. Quite otherwise are the circumstances in the case of married women in miserable economic conditions who have several children and who are simply not in a position to bring more children into the world and to bring them up. Here it is, as a rule, not a question of patients in our institution, but of polyclinic patients, whose weak psychic and physical dispositions are exhausted through poverty, and where

there is no prospect, or very little, of an improvement in their external circumstances. In these cases there must always be the certainty that the woman's constitution cannot bear the further burden without great injury to her health, and that the usual means of contraception will fail. In these cases we usually require the written consent of both the woman and her husband and then, upon our recommendation, the gynecologist is enabled to perform the operation. Sometimes, indeed, in such cases we come to the conclusion that the more defective, perhaps the less healthy member of the partnership, is not the woman but the man, and then we require that the operation be performed upon him—which is a much simpler procedure and one entailing no disturbance of the *potentia coeundi*. Because of men's egoism in this matter, it is frequently difficult to obtain their consent, but we succeed, nevertheless, in not a few instances. This is particularly the case when it is a question of interrupting an already existing pregnancy. Then we explain, if grounds for interrupting the present pregnancy are sufficient, that we can only interrupt the pregnancy if the man is first sterilized, so that another pregnancy will not occur. The question of interrupting a pregnancy in the case of psychic defectives is frequently combined with the necessity of sterilization. In accordance with our policy, we hold that, in general, the eugenic consideration is not, or is not in itself, sufficient reason to interrupt pregnancy, because it is here a question of the destruction of a living being. The interruption of pregnancy should only be performed when by its means one can prevent serious damage to a patient's health or life. With the social conditions that exist to-day we are certainly of the opinion that the social grounds alone cannot be the determining factor, but it is a factor that the physician must also take into consideration.

On the physical side this is certainly true : a rich woman with mild tuberculosis can afford the best care, and therefore runs far less risk in pregnancy than a poor woman with the same affliction. In deciding whether there is to be an interruption of pregnancy

we let ourselves be guided by a consideration of the whole physical and psychic condition of the pregnant woman, and also take into account the social and eugenic aspects.

Equally in such cases, the findings of two physicians must be stated, and in psychiatric cases those of a psychiatrist as well, and a protocol must be drawn up. If there is the likelihood that future pregnancies will cause similar complications, and especially if eugenic reasons exist, we perform the interruption on condition that sterilization also be carried out, and in such cases permission for the latter is usually granted. Usually our surgeons only perform this operation after an official psychiatrist has re-examined the case and has written a report. Sometimes specific inquiries are also made through the social service workers and documentary evidence concerning the social and family conditions, so that there be no danger of being deceived by the people in the case. Besides, the physicians are, of course, aware of the fact that sterilization, while a more serious operation and one with more serious consequences than interruption of pregnancy, is, nevertheless, one that carries with it less danger of bringing them into conflict with the law.

In the past four years an average of 500 pregnant women, with more or less serious psychic disturbances and depressions, have been reported on each year in our Polyclinic. In half the cases we affirmed the need of interruption; in two-thirds of them we found that they ought to be sterilized; and in six-tenths of the cases we expressed our opinion that the operation should be carried out upon the husband. We believe that such a careful examination, taking into account all the circumstances leading to a decision in favour of interruption, is the best method of combating criminal interruption with all its evil consequences, both physical and moral. If at the same time we decide to carry out a sterilization, we are applying the best method of decreasing the number of unfortunate pregnancies in the future. From a medical standpoint we also believe that, in the interests of women and society, the continuation of legal protection of pregnancy is necessary.

But we can the better maintain this protection if we see to it that pregnancies, which in view of the circumstances cannot go to term without grave injury, may be interrupted by recognized procedure in hospital.

Let us now return to the sterilization of institutional patients with more serious mental disease. These are above all feeble-minded girls who usually, without being themselves particularly active sexually, are not capable of defending themselves against sexual approaches, and for that reason, although unmarried, become repeatedly pregnant. Many of these girls could remain with their family or otherwise at liberty and could earn their living if this danger did not exist. Many of these have to be interned because in their weak-minded helplessness they kill a child. Others come to the psychiatrist for the most diverse reasons. Very often eugenic as well as individual grounds lead to the decision for sterilization. One is faced with the alternative of having to intern such an abnormal person as long as she is capable of bearing children, or else of sterilizing her and giving her her freedom. The latter is the lesser of two evils for the patient, and at the same time a great advantage for society. It is well known that not all cases of feeble-mindedness can be inherited, but nevertheless many can. What is more, these unmarried mothers are not capable of bringing up their children. Naturally, we do not consider every little mental defect as reason for sterilization, but require that the feeble-mindedness be at least of such a degree that the possibility of marriage is out of the question.\* As there are many people whose intellectual development is only retarded, we never undertake such sterilizations until the twentieth up to the twenty-fifth year, and before so doing still attempt education in an institution for the feeble-minded. The same rule applies to feeble-minded men, although the question here is less frequently a practical one. We have, however, a few such young men every year upon whom we carry out the operation on these grounds. We are even more careful in the case of people with

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\* According to Swiss law.

psychopathic tendencies. Amongst these we often find people who, as they grow older, can still fit into society and can even found a family. As a general rule, sterilization is performed only in those cases where a grave moral defect, sometimes combined with the psychopathy, and an incurable lack of social principles, indicate the operation. These cases are very infrequent, but just the moral defect, which is capable of reaching an actively criminal degree, is in our opinion also very much to be feared eugenically, as it is often directly inherited in a most alarming manner. In the two groups of endogenic psychoses again the circumstances are different. In the cases of actual manic-depressive psychoses, which are really few, we hardly have occasion to consider the indications for sterilization. Most of these are in institutions during the period of illness, and during the convalescent periods are able to control themselves sexually. The group of schizophrenias are quite the opposite. Here we fear, above all, inheritance, and the unreliability of the patient in his sexual relations. A hard-and-fast rule for schizophrenics cannot, in our experience, be formulated. Most of those who are interned have periods of improvement, and are at liberty part of the time. Many of them are so autistic, that they are no sexual risk. In others, especially married schizophrenics, or in hebephrenic girls, on the other hand, this is very decidedly not the case. The inheritance of the schizophrenias is similar to that of recessives; it is, however, not yet completely worked out. It is certainly desirable that carriers of inheritable schizophrenia should be sterilized.

We must see clearly, however, that not only the schizophrenic himself, but many people with schizophrenic relatives, who themselves remain well, are transmitters of schizophrenia. Further, not infrequently people fall ill with schizophrenia after they have already produced children and these children are naturally as seriously hereditarily tainted as if they were born after the outbreak of the disease. It is our experience in general that patients who have once been committed to an institution because of schizophrenia do not bring many more chil-

dren into the world, with the exception of girls who are afterwards married off by their families. Among the great mass of schizophrenic patients in institutions, there is a certain limited number where we convince the patient and his family that sterilization is indicated, and carry out the procedure. Here, however, we must judge every case absolutely on its own merits. With many patients the operation has no practical value, and if regularly prescribed might carry a certain psychic trauma that would influence the course of the psychosis unfavourably.\* In epilepsy we exercise the same regard for the individual case. We know to-day that this is a group of diseases of which only a small percentage is inheritable. In this group procreation should certainly be prevented, but this can be done in many cases without an operation, simply by placing the epileptic under proper supervision. With female epileptics pregnancy frequently aggravates the condition, and in such cases there is an individual ground for sterilization as in the case of many schizophrenics.

The bad influence of alcoholism was formerly certainly exaggerated, but there is, nevertheless, a group of completely degenerate alcoholics, who can no longer bring any normal children into the world, and who are in no position to bring up children. In those cases in which we do not succeed in placing the patient permanently in an institution, which is usually the best course, we frequently recommend sterilization. The morphine and cocaine habit in both men and women is still more harmful to posterity than alcoholism. When it is a question of incurables, conditions usually are already so bad that no children are conceived. Those infrequent cases that we do sterilize in the main are individuals who from childhood on were gravely psychopathic and hereditarily tainted.

Of the instances that I have mentioned, it seems to me that the timely sterilization of

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\* A single woman of exemplary life and nearing the menopause might feel "hurt" if it were considered that she could not be trusted to refrain from marriage and parenthood knowing that she risked having tainted offspring.

the congenitally feeble-minded is the most important for society. Eugenically, this is all the more important because such defectives frequently marry one another and the children produced by them have a still less promising inheritance. In the other psychic disturbances one must consider each case absolutely individually, and frequently good can be achieved and misfortune prevented.

One might here raise the objection that sterilization would upset the moral behaviour in certain psychic defectives and allow them to lose still further their sexual repressions. Our experience has shown us, however, that this is not the case. It is possible to supervise a psychic defective outside of an institution and to prevent his coming into bad society and neglect. It is, however, impossible to prevent his occasionally having sexual intercourse, and it is fortunate, personally and socially, if one can prevent the pregnancies that might ensue. The repression which normal people have through fear of pregnancy is generally absent in psychic defectives. Therefore sterilization does not carry with it an added danger of sexual promiscuity for such individuals.

As you know, special laws have been issued in many countries concerning sterilization. At first this was so in several states in North America, where, however, the laws were very incompletely carried out. Then Scandinavian countries, and three years ago a Swiss canton, Vaud, also issued such a law. The law of 1930 of the Swiss Canton Vaud is as follows :

Art. 28 bis. Une personne atteinte de maladie mentale ou d'une infirmité mentale peut être l'objet de mesures d'ordre médical pour empêcher la survenance d'enfants, si elle est reconnue incurable et si, selon toutes prévisions, elle ne peut avoir qu'une descendance tarée.

L'intervention médicale n'a lieu que sur autorisation du Conseil de santé.

Le Conseil de santé lui-même ne donne cette autorisation qu'après enquête et sur préavis conforme de deux médecins désignés par lui.

Il décide de l'attribution des frais.

The decision for the advisability of the operation is, be it noted, not dependent on a court of law, but only on a court of hygiene. It is not compulsory for all patients with certain diseases, but only for individual cases. Such a law can be good for obstinate and especially criminal mental defectives.

In consequence of this opinion the Canton Vaud has allowed in its new penal law from 1931 the interruption of pregnancy for eugenic reasons. This paragraph is as follows :

Art. 130. L'avortement n'est pas punissable, lorsqu'il est pratiqué sur une personne atteinte de maladie mentale ou d'une infirmité mentale, dont la descendance selon toutes prévisions ne peut être que tarée. Toutefois il ne peut être opéré qu'avec l'autorisation du Conseil de santé.

So far as I know, the administration and the results in these countries were about the same as ours in Zurich, although we possess no actual sterilization law.

Personally, I am of the opinion that sterilization is a matter which makes so profound an inroad on the integrity of the individual, that it should only be performed under *medical* direction and with great understanding of the individual case. We must recognize the fact that through orders of a court a great number of the carriers of psychic defects, who are themselves often normal, will escape, and that therefore the good results will not be so great as the layman imagines.

Moreover, the innovation of a tribunal for sterilization runs the risk of officially branding people as defective who are already unhappy enough, and by whom even without the operation there is no danger of reproduction. If our institutional directors are to be forced to parade all their patients before the court in conformity with a sterilization law, fear and prejudice against the institutions will arise, not only among the patients, but amongst their relatives as well, such as we have had to fight for decades, and are gradually overcoming. It is to be feared that such a law would make it very difficult for us to get correct information from the patients

and their relatives concerning the heredity in the family.

I have shown you how we, in Switzerland, through enlightenment of the people and through purely medical decision in each case, have been able to make considerable progress, which can indeed be still further advanced. To me it seems a good method whereby we combine the care of the sick individual entrusted to us with the prophylactic care for society, without unnecessarily hurting the one at the expense of the other. To be sure, there are occasionally refractory psychopaths in whom the prevention of propagation is urgent and who will not give their consent: in most cases these are definitely antisocial or even criminal individuals. I consider it indicated in particular cases that laws be made to apply in the exceptional cases in order to force them to undergo such a prophylactic operation. I must, however,

say that we in our circumstances usually achieve this by threatening these people with commitment to an institution, or workhouse, if they will not consent to the operation. On the other hand, in the case of patients who are not criminal, the decision ought to rest with the physician, and the co-operation of a court should not be necessary, and would only be disturbing for the patient and his family. In view of the moral standard of the medical profession in civilized countries, a great abuse of this right by the physicians is not to be feared. Through the correct application of sterilization we can avoid injuring the psychic defective for whom it is a necessity and, nevertheless, at the same time do society a great service by eugenic-prophylactic methods. In this way are we in no wise disloyal to the humane care for the mentally sick; likewise, also, in this eugenic duty we follow our old medical principle: *Aegroti salus suprema lex*.

